

OFFICE OF THE ATTORNEY GENERAL OF VIRGINIA

**Identity Theft Passport Request
VICTIM INFORMATION SHEET**

NAME: _____
LAST FIRST MIDDLE

MAILING ADDRESS: _____

_____ zip _____

E-MAIL _____
SOCIAL SECURITY #: _____
VA DRIVER'S LICENSE #: _____
*(MUST ATTACH PHOTO COPY OF VA DRIVER'S LICENSE)

PHONE: H: (_____) _____ W: (_____) _____
DATE OF BIRTH: _____
SEX: _____ RACE: _____
U.S. CITIZEN: YES _____ NO _____
NON-US CITIZEN/LAWFULLY PRESENT: YES _____ NO _____
*PLEASE INDICATE YOUR STATUS _____

DATE YOU BECAME AWARE OF THEFT: _____

COUNTY/CITY&STATE WHERE THEFT OCCURRED: _____

RESIDENT OF VIRGINIA AT TIME OF INCIDENT YES _____ NO _____

VA LOCALITY WITH WHICH YOU FILED POLICE REPORT _____

NAME & PHONE NUMBER OF OFFICER WHO TOOK YOUR REPORT _____

COPY OF VA POLICE REPORT OR EXPUNGEMENT ORDER ATTACHED? YES _____ NO _____

NAME OF COURT THAT ISSUED EXPUNGEMENT ORDER/DATE OF ORDER _____

HAS THE PERSON WHO STOLE YOUR INFORMATION BEEN IDENTIFIED? YES _____ NO _____

IF SO, HAS THE SUSPECT BEEN ARRESTED? YES _____ NO _____ DON'T KNOW _____

IF YES, GIVE THE NAME OF THAT SUSPECT _____

TYPE OF THEFT/INVOLVEMENT: Credit Card(s) _____ SSN Misuse _____ Drvr's Lic _____ Passport _____ Stolen Checks _____
Mail _____ ATM _____ Income Tax Fraud _____ Civil/Crim Judgment _____ Ins. Coverage _____ Ind. Dept. Store Accts. _____

GIVE BRIEF DESCRIPTION OF THE INCIDENT(S) OF YOUR ID THEFT: _____

(PLEASE CONTINUE ON BACK OF THIS FORM, IF NECESSARY)

PLEASE READ BEFORE SIGNING: PLEASE KNOW THAT, IN ACCORDANCE WITH § 18.2-461, IT SHALL BE UNLAWFUL FOR ANY PERSON (i) TO KNOWINGLY GIVE A FALSE REPORT AS TO THE COMMISSION OF ANY CRIME TO ANY LAW-ENFORCEMENT OFFICIAL WITH INTENT TO MISLEAD, OR (ii) WITHOUT JUST CAUSE AND WITH INTENT TO INTERFERE WITH THE OPERATIONS OF ANY LAW-ENFORCEMENT OFFICIAL...VIOLATION OF THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE AS A CLASS 1 MISDEMEANOR.

BY SIGNING THIS REPORT, I ATTEST THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE AND, I ACKNOWLEDGE THAT I DID FILE AN ACCURATE AND TRUE POLICE REPORT OF THIS INCIDENT, A COPY OF WHICH IS ATTACHED.

SIGNATURE _____
TODAY'S DATE: _____

* PLEASE INFORM THIS OFFICE, IN WRITING, OF ANY CHANGES IN YOUR ADDRESS

02/04/05

RETURN THIS FORM TO: OFFICE OF THE ATTORNEY GENERAL
ATTN: IDENTITY THEFT PASSPORT
900 EAST MAIN STREET
RICHMOND, VA 23219

PROGRAM PHONE NUMBERS: (800) 370-0459/(804) 786-5284